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ABSTRACT

Given the increasing use of art as a means of fostering communication in therapeutic settings, it was hypothesized that an art-focused group activity might improve social relations on a college campus and reduce campus residents' levels of loneliness. A controlled efficacy evaluation was conducted using college students (N=140) living in 11 separate dormitories on a small liberal arts college campus. The art intervention asked students to draw where they felt they were socially in their dormitory. They then drew as a group where they would like to be socially. Each student discussed his or her position in the dormitory. The group then decided what could be done to make each member of the group feel more comfortable in the dormitory setting. Surveys were completed before, during, and after the art intervention. The entire sample showed a significant improvement on the loneliness measure in the follow-up survey. On the residential satisfaction measure, scores revealed a significant improvement after participation in the intervention, but the improvement attenuated over time. The survey is appended. (JDM)

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Educational Applications of Art Therapy:

Increasing Collegiality within Campus Residential Areas

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Abstract

Given the increasing use of art as a means of fostering communication in therapeutic settings, it was hypothesized that an art-focused group activity might improve social relations on a college campus and reduce campus residents' level of loneliness. A controlled efficacy evaluation was conducted using residents of 11 campus dorms. Eleven separate residential areas on a small, liberal arts college campus, comprised of one hundred and forty college students, were surveyed to assess whether a group art activity was associated with increased residential satisfaction and decreased loneliness in their residential area. The art intervention first required students to draw where they felt they were in their dorm socially. They were then asked to collaborate, and draw as a group, where they would like to be socially in the dorm. Each student then briefly discussed his or her position in the dormitory. Next, the group decided what they could do collectively to make sure that each resident is comfortable in their residential area. Each student was given a survey before the treatment, immediately after the treatment and, a week following the treatment. Students in the expectancy control group had discussion about their residence without any preliminary drawing. Within-subject t-tests using the entire sample showed a significant improvement from pretest to post-test and from pre-test to the follow-up test on the loneliness measure. On the residential satisfaction measure, scores revealed significant improvement after participation in the interventions, but this improvement attenuated somewhat over time. Between-grup t-tests revealed no significant group differences on either of the measures, either at posttest or follow-up administrations.

The Use of Art Therapy in Increasing Comfort Level within College Residential Areas

It was hypothesized by Freud (1900/1958) that symbols represent forgotten memories, which are likely to emerge through dreams or artwork due to "intrapsychic stress"; while Jung (1971) emphasized creativity as a primary component in the treatment process and placed special importance on the use of images to symbolize experiences (Oster & Gould, 1987). Freud and Jung's explanation of the unconscious processes gave rise to the use of art for psychotherapeutic purposes. Increased recollections of past events and dreams that may have been suppressed in the unconscious have the capability to surface while drawing. Expressions through pictures seem much more symbolic and less specific than words. Thus patients are able to artistically express dreams or past events that could not be expressed verbally.

The use of art within therapy treatments was introduced by Margaret Naumburg (1966) who was trained in the tradition of psychoanalysis where "free association and interpretation" was emphasized (Rubin, 1986). The works of Naumburg was followed by that of Edith Kramer who used art therapy while working with children. Kramer believed that the process of artistic expression was a healing process within itself, which does not require verbal reflection (Rubin, 1987). This approach not only emphasized the creative aspect of art, but more importantly the therapeutic insight gained from art.

The use of art therapy is found in psychiatric hospitals and outpatient clinics with individual and family psychotherapy; in programs dealing with children and adults dealing with sexual abuse, drug abuse, divorce, only to name a few.

Clinical lecturer, Leu-Wiesel (1998), has illustrated the effectiveness of drawings (art therapy) in encouraging verbalization in adults who have experienced sexual abuse.

He notes that drawings offer insight as to who one is through revealing unconscious components such as one's weakness, fears and negative traits, as well as one's strengths, accomplishments and one's unknown capabilities (Leu-Wiesel, 1998). Art therapy is used as a means to help sexually abused adults overcome hesitations of talking about traumatic experiences or even help surface suppressed memories of sexual abuse. Patients are asked to draw something that has direct or indirect connections with the traumatic experience, a family picture, or a specific scene or event. When the drawing is completed he/she shares their thoughts or feeling about the picture, after which the therapist joins in with an analysis (Leu-Wiesel, 1998). Leu-Wiesel (1998) discussed his use of art therapy in helping a victim of sexual abuse, Sue, overcome her depression. During the second session, Sue was asked to draw a scene at home when she was 5 years old. In the scene: she sat on the kitchen floor with glasses on holding a doll between her legs, a man (her father) is coming into the kitchen with his finger pointed at her, and a women (her mother) is washing dishes with her back turned to the event. The analysis of the drawing by the patient and the therapist reveals: the girl is wearing glasses to help her hide (in her imagination) from the father, she is holding the doll between her legs as protection from the sexual abuse from her father, the finger the father is pointing is not only a warning gesture but also symbolizes a penis (which reveals the father's "sexual-aggressive intentions"), and the mother with her back turned to the events symbolize her denial of the sexual relationship between the father and daughter (Leu-Wiesel, 1998). Through continuous art therapy sessions, Sue was able to gain confidence and confront not only her traumatic experiences but also her parents, which allowed her to eventually deal with, accept, and move on from the sexual abuse she experienced.

Linesh (1993) demonstrated the helpfulness of art therapy within therapeutic sessions for families dealing with alcoholism. Early during sessions, art therapy helped to identify family patterns of interaction through the use of family collages and drawings (Linesh, 1993). Therapists and patients alike are able to access hidden unconscious material through the use of symbols that serve as metaphors. The information that is revealed from the drawings then becomes a basis for therapeutic interventions. By exploring and clarifying art productions, individuals within a family are able to establish similarities and differences between roles and the conflicts that may arise as a result. Through the sharing of drawings and discussion, treatment goals can also be established. Art therapy helped a family that suffered from alcoholism understand how the father's addiction and the mother's co-dependency affected the children's behavior (Linesh, 1993). The mother was also able to realize that it is her decision to change regardless of whether or not her husband chooses to recover from his addiction. This family that was initially resistant to therapy was able to express themselves through artwork and relate to other family members' roles and feelings. Artwork opened the lines of communication which helps members to express themselves and understand one another, allowing the family to function at a healthier level (Linesh, 1993).

Clinical psychologist, Oppawsky (1991), utilized children's drawings to better understand how children of parental divorce interpret the events in their life. Based on the Kubler-Ross theory (1970), children who are experiencing a divorce go through stages which include denial, anger, bargaining, depression and acceptance (Oppawsky, 1991). Oppawsky utilized the therapeutic approach of Hozman and Froiland (1971) which combined the Kubler-Ross theory and the use of "Family as Animals" drawings to

establish the stages experienced by children of divorce. In this case, children create a drawing (where they depict their family as animals) which serves as a metaphor for the roles of the members and/or the relationship between them. Oppawsky discovered that his patient, Christina, revealed her acceptance of her parents' divorce and her father's nonparticipation in her life through her drawings. In her drawing, she depicted herself as a cat , her brother as a turtle, mother as a pig, and her father as a bird. Although the bird was far off, it was still in eyesight, which represents her father's absence and lack of communication with her. As evident in this example, children's drawing is equivalent to their perception of the world and allows them to communicate by illustrating their experiences and problems. The therapist then diverts the child's picture into a rational comprehension and abstract thought which can benefit the child during therapy (Oppawsky, 1991).

Although the use of art therapy has been successfully applied in hospitals and clinics within individual therapy sessions (as mentioned above); there are now many professionals other than clinical therapist (such as social workers, teachers child guidance workers and community group leaders) who are interested in using art therapy with their groups. Marian Liebmann, art therapist, (1986) emphasized the advantages of art therapy in group settings. Her interest in art therapy within group settings increased as she discovered its potential for communication of personal matters. Art therapy can be useful for groups that are working toward similar goals such as enhancing the personal or social functioning of the group. Liebmann (1986) asserts that groupwork allows people with similar needs to provide mutual support for each other and permits members to learn from the feedback of other members. The use of art also allows each member to join in

at the same time or at his or her own pace. Serving as a median for communication and expression, artwork enhances personal or social functioning, which can be applicable in a wide variety of settings, whether social, educational or therapeutic (Liebmann, 1986).

Art therapy was used as a means to teach juveniles in foster care intangible life skills such as, self-awareness, communications, socialization, etc (McAlevey, 1997). In a art therapy session entitled "Me by Myself /Me with Others" participants draw themselves alone and with others. The purpose of this task is not only to promote self-awareness but also to encourage participants to become more comfortable by sharing private characteristics within a group setting. Teens that have experienced living in foster home most their lives tend to have a lack of attachment and intimacy making them unwilling to communicate; art creates an atmosphere where interaction becomes less threatening helping participants to learn socialization skills (McAlevey, 1997).

Robert Ault (1986), art therapist, was asked to do an in-service training presentation for a hospital staff who were disagreeing on how to treat patients and were having difficulty communicating. After having the group do a large picture together it was revealed that the group was experiencing power struggles, depreciation of staff members, and avoidance of authority. Hidden conflicts and power structures can be identified with less difficulty when they are drawn and available for all to see (Ault, 1986). Once these problems were put into a visual form, staff members were able to identify and resolve the problems that were preventing them from having a productive workplace. The resulting improvement in communication increased creativity and problem solving techniques among staff members.

All of these examples reflect the impact that visualization has on improving communication in group settings where problems exist but have not been able to respond to verbal interaction. These groups, like families, function better when roles are clearly defined, some form of trust is established, and communication is open (Ault, 1986). Because of this successfulness of art therapy within group settings, it was hypothesized that the use of art therapy would increase the level of comfort within residential areas on a college campus. Residential areas often experience miscommunication, tension uncomfortability. The residential areas (dorms), for the most part, are newly formed each year; thus, problems may arise due to a lack of acquaintance. Students may find one another unapproachable due to individual differences in age, lifestyles, interest, culture, ethnicity, etc. Therefore, if residents need help or have a problem with one another they may feel hesitant, which makes for an uncomfortable residence. A low comfort level leads to frustration and a hostile living environment. If unresolved problems persist over time, their maladaptive effects become harder to dismantle. The end result may then include a variety of compounding problems for the individual such as poor health, poor grades, lowered self esteem, decrease in socializing, only to name a few. A program is needed to help establish socialization among residents so that residents learn more about one another and, in result, are more comfortable with their residential area. Because other studies have shown that art therapy can be implemented as a vehicle for communication through increasing comfort level in therapeutic and non-therapeutic environments, the same effects should occur in residential areas on college campuses.

Methods

Participants

The participants in the study were students from a small liberal arts undergraduate college located in southeastern Pennsylvania. There were a total of 140 participants, 96 of whom were female.

Apparatus

Participants were administered a 32-item survey, to determine their pretreatment comfort level in their respective residential area. This pretest contained the 20-item Revised UCLA Loneliness Scale which is used to measure loneliness in a variety of populations. The treatment groups were given 8 ½ x 11" white paper for individual responses and a 3 x 3' white poster board for the group responses. A variety of color markers were used to create the images. The posttest and follow-up questionnaire consisted of the same questions as the pretest with the addition of several follow-up questions to determine their present comfort level and reaction to the treatment.

Procedure

Resident Assistants (R.A.s) volunteered to use their residents for the program in hopes to increase the comfort level in their respective residential area. The residents were given a pre-test, the treatment, a post-test, and then a follow-up questionnaire over a three week period. During the first week, each RA was debriefed on the purpose of the study. After debriefing the R.A.s, they distributed and collected the pre-test from their residents. The twelve residence areas were randomly assigned to either the control or experimental group. The experiment took place during the second week. Three areas were done per night, Monday through Thursday, from 8 p.m. to 11 p.m. The control and treatment groups were conducted alternately. Each area was given one hour to complete their task.

A set of standardized instructions was read before each assignment by the facilitator who remained constant throughout the study. The treatment group was given two art exercises. The first consisted of each resident, including the RA, drawing a picture that would reflect his or her comfort level in his or her respective residence area. The residents were then asked, as a group, to work on a picture that would reflect a comfortable living environment for their respective residential area. Each resident then explained his or her individual picture. If the residents' position in their individual picture differed from their position in the group picture, suggestions to improve their comfort level in the house were discussed. A post-test was then given at the completion of the discussion to see if the comfort level of the residents changed due to the treatment. A discussion was facilitated within the control group in which the residents expressed their present comfort level in their respective areas. If change was desired, steps to improve the comfort level were discussed further. The control group was then given a post-test to see if the discussion alone changed their comfort level. During the third week, a follow-up test was distributed and collected by the R.A.s to determine if the treatment had lasting effects.

Results

Directly adjusted scores were calculated for all participants on the loneliness pretest, post-test and follow-up measure and the residence satisfaction pretest, post-test and follow-up measure. On the loneliness scale, high values indicate greater problems with loneliness. On the residence satisfaction scale high values indicate greater satisfaction in the residence. Between-group t-tests were used to compare the treatment and control group scores on each of 6 measures.

The t-test results indicated pretreatment equivalence across the treatment and control groups on both the loneliness and residence satisfaction measures. On the loneliness scale, the treatment group had a mean of 47.41 and a standard deviation of 4.14 with n = 61. For the control group, the mean was 47.76, standard deviation was 5.84, and n = 46. On the residence satisfaction scale, the treatment group had a mean of 12.42, standard deviation of 2.08 and, n = 66 For the control group, mean = 12.47, sd = 2.04 and, n = 45.

On the post-treatment measures of loneliness and residence satisfaction measures administrated immediately after completion of the intervention, t-tests revealed no significant difference between the treatment and the control group. Similarly, on the 1-week follow-up measure of loneliness and residence satisfaction, t-tests showed no significant treatment effects.

However, within-subjects t-tests on the entire sample showed significant improvement from pretest to post-test and from pretest to follow-up test on both the loneliness and residence satisfaction measures (see Table 1). T-tests also indicated a statistically significant reduction in improvement from the post-test to the follow-up on the residence satisfaction scale but not on the loneliness scale. The post-test residence satisfaction mean was higher than the follow-up residence satisfaction mean (posttest mean = 17.43, sd = 2.30 versus follow-up mean =15.13, sd = 2.14; $t = 6.90$, $df = 53$, $n = 54$, $p < .001$).

Discussion

The results of this study indicated that there although there was no significant difference between the treatment group and the control group on both the loneliness measure and the residence satisfaction scale, both groups shown significant improvement on both measures. These results suggest that while there was no significant difference between the art intervention and the group discussion on either the residence satisfaction measure or the loneliness scale, participation in either type of shared experience with fellow residents was at least temporarily beneficial in increasing collegiality. Perhaps a placebo effect accounts for the observed improvement on both of the outcome measures. On the residential scale there was a significant improvement from the pretest to the post-test, although the benefit of the intervention seemed to decrease over time. Despite the attenuating effects of the intervention, the residents still showed greater satisfaction with their residence one-week after the experience (follow-up) than they did before they participated. Therefore, providing this type of educational experience may be helpful in a situation where the interpersonal environment is hostile and the tension needs to be diffused quickly. Although residence satisfaction may have decreased from the post-test to the follow-up, there was no evidence of reduced improvement between the post and follow-up measures on the loneliness scale. Regardless of the intervention method (art or expectancy control) conditions in the residential houses seemed to improv following participation in this study, presumably creating a more pleasurable environment for the students.

Regardless of the type of intervention used (art or discussion), residents appeared to continue to feel significantly closer to the other members of their residential area after participation in discussion about their social situation. Perhaps participating in these group experiences was valuable because they served to enhance trust and to provide a clearer definition of roles in the area, which possibly fostered a more open environment where communication is more viable.

Although the current findings indicate that art activities are not an essential component for successful residential interventions, such activities may still be beneficial to consider. For students interested in visual expression, shared artistic pursuits may be a powerful means of building a sense of community within campus residences. In this study, all of those students who were randomly assigned to the art condition pursued this activity. No allowance for individual preferences were made. Perhaps if there had been more opportunity for students to choose whether or not to participate in an art activity, this intervention would have been more effective. A crosstabulation of responses showed that 88.6% of the residents in the art experience group were at least somewhat satisfied with the program when questioned on the post-test. And, in spite of the fact that the percentage dropped to 78.3% when questioned on the follow-up measure, there were still a significant number of positive responses to the program. Therefore, art intervention could be used as an innovative early intervention program for colleges to use in helping to establish a comfortable living environment within residential areas.

Table 1

Loneliness Scale Comparisons

n = 65 p = .001		mean	s.d.
Pretest vs Post-test	Pretest	46.82	5.56
	Post-test	29.91	9.57
Pretest vs Follow-up	Pretest	47.39	5.51
	Follow-up	31.08	11.09
Post-test vs Follow-up	Post-test	31.08	11.09
	Follow-up	30.88	13.11

Residence Satisfaction Scale Comparisons

N = 65 p = .01.		mean	s.d.
Pretest vs Post-test	Pretest	12.23	2.11
	Post-test	17.35	2.47
Pretest vs Follow-up	Pretest	11.93	1.84
	Follow-up	14.63	2.21
Post-test vs Follow-up	Post-test	17.43	2.30
	Follow-up	15.13	2.14

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Last six digits of your social security number_____(post1)

This questionnaire is designed to measure your comfort level in your residential area. The survey is completely anonymous so please answer honestly. We only ask for the last six digits of your social security number to differentiate the surveys from each other. This questionnaire in no way will be used to identify you.

Please answer each question on a scale of 1 – 4 (**1** = I have *never* felt this way, **2** = I have felt this way *rarely*, **3** = I have felt this way *sometimes*, **4** = I have felt this way *often*) unless otherwise noted.

1. I feel would comfortable knocking on any resident's door in an emergency.
   ( ) 1 ( ) 2 ( ) 3 ( ) 4

2. I feel in tune with the people around me.
   ( ) 1 ( ) 2 ( ) 3 ( ) 4

3. I lack companionship.
   ( ) 1 ( ) 2 ( ) 3 ( ) 4

4. There is no one I can turn to.
   ( ) 1 ( ) 2 ( ) 3 ( ) 4

5. I do not feel alone.
   ( ) 1 ( ) 2 ( ) 3 ( ) 4

6. I feel part of a group of friends.
   ( ) 1 ( ) 2 ( ) 3 ( ) 4

7. I have a lot in common with the people around me.
   ( ) 1 ( ) 2 ( ) 3 ( ) 4

8. I am no longer close to anyone.
   ( ) 1 ( ) 2 ( ) 3 ( ) 4

9. My interests and ideas are not shared by those around me.
   ( ) 1 ( ) 2 ( ) 3 ( ) 4

10. I am an outgoing person.
    ( ) 1 ( ) 2 ( ) 3 ( ) 4

11. There are people I feel close to.
    ( ) 1 ( ) 2 ( ) 3 ( ) 4

12. I feel left out.
    ( ) 1 ( ) 2 ( ) 3 ( ) 4

13. My social relationships are superficial.
    ( ) 1 ( ) 2 ( ) 3 ( ) 4

14. No one really knows me well.
( ) 1 ( ) 2 ( ) 3 ( ) 4

15. I feel isolated from others.
( ) 1 ( ) 2 ( ) 3 ( ) 4

16. I can find companionship when I want it.
( ) 1 ( ) 2 ( ) 3 ( ) 4

17. There are people who really understand me.
( ) 1 ( ) 2 ( ) 3 ( ) 4

18. I am unhappy being so withdrawn.
( ) 1 ( ) 2 ( ) 3 ( ) 4

19. People are around me but not with me.
( ) 1 ( ) 2 ( ) 3 ( ) 4

20. There are people I can talk to.
( ) 1 ( ) 2 ( ) 3 ( ) 4

21. There are people I can turn to.
( ) 1 ( ) 2 ( ) 3 ( ) 4

22. I am generally satisfied with where I am living?
( ) 1 ( ) 2 ( ) 3 ( ) 4

23. I would consider moving out of my residency
( ) 1 ( ) 2 ( ) 3 ( ) 4

24. I would like to stay in my residency next year
( ) 1 ( ) 2 ( ) 3 ( ) 4

25. Rate the atmosphere in the house.
( ) 1 extremely unfriendly ( ) 2 somewhat unfriendly ( ) 3 somewhat friendly ( ) 4 extremely friendly

26. Rate your satisfaction with the October hall program.
( ) 1 extremely dissatisfied ( ) 2 somewhat dissatisfied ( ) 3 somewhat satisfied
( ) 4 extremely satisfied

27. Do you think that the October hall program helped improving relationships among residents.
( ) 1 extremely unsucceeded ( ) 2 somewhat unsucceeded ( ) 3 somewhat succeeded ( ) 4 extremely succeeded

28. Rate the average Ursinus student's level of loneliness
Not at all lonely 1 2 3 4 5 6 7 8 9 10 Extremely lonely